

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000093869

FILED
Feb 10, 2006
Secretary of State

Entity Name: LOCAL DIRECTORY COMPANY, INC.

Current Principal Place of Business:

3930 N. RIVERSIDE DR.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

3930 N. RIVERSIDE DR.
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-3675373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W. WILSON SIMS
3930 N. RIVERSIDE DR.
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMS, W. WILSON
Address: 3930 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: SIMS, JUNE M
Address: 3930 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SIMS, JUNE M
Address: 3930 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE SIMS

VP

02/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date